File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Reset Form

| Disclosure Board 510 E. 12 th , Ste. 1A | | | | IT ALL STATE | IICS AND |
|--|---|--|----------------|---|-----------------|
| Des Moines, Iowa 50319 Fax: 515-281-4073 | FOR INSTRUCTION | ONS, SEE BACK OF FORM | | tiva ta i <u>u</u> , | isolosére bi |
| | 4 | SUMMARY PAGE | | 2008 JAN 18 | 3 PM 2:55 |
| COMMITTEE NAME (Must be | e same as on Statement of Org | ganization) | | 40 | |
| No Local O | ption.com | | | FORM | |
| IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee (4) | of committee you are reporting for: Standing for Retention Candidate (5) | : [] (2)State PAC (3)State Party didate (7)School Board or Other Pol l Board or Other Political Subdivision | itical | DR-2 (Rev. 07/2007) For Office Use Orlly | |
| CANDIDATE COMMITTEES Candidate Name | ONLY: | Political Party (if applicable | e) | Comm. # Logged In Scanned | |
| Office Sought | 6 | District (if Senate or House | — ∌) | Computer | |
| Late reports are subject to possil SIGNATURE OF PERSON FIL | 0 | ursuant to lowa Code sections 68B. 515-558-6155 TELEPHONE | 32A(7) and | d 68A.401(3), the cand | 8 |
| | | , | | | |
| | | REPORT FOR (1) ELECTI | | ON-ELECTION YEAR | ₹. |
| • | eport date) | Indicate | by # | | |
| ☐CHECK IF AMENDMENT TO | O REPORT DATED | | Local (| Committees, enter Date | of Election |
| Check if this is final (termina (You must continue to | ation) report and attach Notice of the reports until a DR-3 is filed | of Dissolution Form DR-3. d.) | County which I | 35/07 y & Local Committees, e Election is held (arke | enter County in |
| STATEM | ENT OF CASH ON HAN | D , | | | |
| CASH ON HAND at the beginn committee. This amo of the last reporting pe | unt MUST be the same as the | otal of all funds held by the cash on hand at the end irst report filed.) | | s <u>1,303.</u> | 3 0 |
| ADD TOTAL MONEY | TAKEN IN THIS PERIOD | | | | |
| Schedule A: Cash Co | ontributions total (Attach Sched | lule A) (*also see in-kind below) | | 400. | 00 |
| | | F) | | | |
| | | ach Schedule H) | | | |
| (Schedule H | applies to Candidates' Com | mittees Only) | | | |
| | | SUB-TOTAL | | s 1,703. | 3△ |
| SUBTRACT TOTAL I | MONEY SPENT THIS PERIOD | | | | |
| Schedule B: Expendi | tures total (Attach Schedule B) | (**also see debts and loans belo | w) | 471. | 00 |
| | | ile F) | | | |
| | | oort balance must be zero) | | | |
| **UNPAID BILLS (From Sched | ule D - Attach Schedule D) | | | | |
| | | dule E) | | | |
| | | le F) | | | |
| CONSULTANT BREAKDOWN | | ·- · · · · · · · · · · · · · · · · · · | ************* | YESN | |
| CANDIDATE COMMITTEES O | | | | | • |
| VALUE OF CAMPAIGN PROP | | ch Schedule H) | | \$ | |
| | | nt bank statement in January of e | | · | |
| | | warm statement in January Of e | aur year. | | |

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

No Local Option. Com

| SCHEDULE | ı | |
|---------------------------------|----------------------|--|
| A (Rev. 07/03) | MONETARY RECEIPTS | |
| CHECK THIS BOX IF AMENDING FORM | | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|--|--|--------------------|---------------------------------------|
| 10-20-07 | ID# CK# | Cindy Sanford 1405 Truro Pavement Oscela IA 50213 | | \$ 100.00 | |
| 10-20-07 | ID# CK# | Edwin Robins 1774 Osage St. Osceola IA 50213 | | 50.00 | |
| 10-20-07 | ID# CK# | Doris Root 1047 315th Ave New Virginia IA 50210 | | 100.00 | |
| 10-20-07 | ID# CK# | Gene Braddock 1433 Truro Pavement Osceola IA 50213 | | 150.00 | |
| | ID# | | | | |
| | CK# | | | | ļ L |
| | ID# | | | | |
| | CK# | · | | | |
| | ID# | - | | | |
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| | CK# | | | | |
| | ID# | | | | |
| | CK# | · | | | |

SUB-TOTAL

· TOTAL (if last page of this schedule)

\$400.00

Page ____ of ___

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

| \$10 m | 77.55 | | 100.00 | | |
|--------|-------|-----|--------|--------|-----|
| 1000 | 40 | Δŧ. | | 3.00 | 100 |
| 1355 | .50 | | 600 | 60 E S | 27. |
| | | | | | |

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE | | |
|---------------------------------|--------------------------|--|
| B (Rev. 07/03) | MONETARY EXPENDITURES | |
| CHECK THIS BOX IF AMENDING FORM | | |

| COMMITTEE NAME (Must be same as on Statement of Organization) |
|---|
|---|

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| 700 2 | ocal opti | 071 (077) | | |
|--------------------------------|--|--|---|--------------------|
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| 10-23-07 | ID# CK# | Kathy Kelly 1459-205th Ave Oscedla IA 50213 | Ad Clarke Co. Publishing III E. Washington Osceola, TA 50213 | \$ 450.00 |
| 10-31-07 | ID# CK# | Bank of the West | Service charge | 7.00 |
| 11-30-07 | ID# | Bank of the West | Service charge | 7.00 |
| 12-31-07 | ID# | Bank of the west | Service charge | 7.00 |
| | ID# CK# | | r. | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | | <u> </u> | 1 | <u> </u> |

SUB-TOTAL

\$ 471.00

TOTAL (if last page of this schedule)

471.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

| Page | / | of | 1 | |
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COMMITTEE NAME (Must be same as on Statement of Organization)

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| SCHEDULE | |
|-------------|------------------------------|
| E | IN-KIND |
| (Rev. 06/97 |) CONTRIBUTIONS |
| | CK THIS BOX IF IDING FORM |

Reset Form

| DATE | | RELATIONSHIP | DESCRIPTION | ESTIMATED | √ IF FOR |
|------------------------|---|---------------------------------|---|----------------------|-----------------------------|
| RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | TO CANDIDATE * (if applicable) | OF IN KIND CONTRIBUTION | FAIR MARKET VALUE | FUND-RAISER CONTRIBUTION |
| 10-19-07 | George Davey 620 72nd place West Des Moures IA 50266 | | Condy, Supplies -parade | \$ 49.36 | |
| (0-19-07 | George Davey 620 72nd Place West Des Moures FA 50266 | | Message Delivery Service | 400.00 | |
| 10-19-07 | George Davey 620 72nd Place West Des Mouros 14 50266 | | Google Ad Words | 54.30 | |
| 10-11-07 | George Davey 620 72nd Place Wast Des Moures IA 50266 | : | Press Release Fee | 120.05 | |
| 10-19-07 | George Davey 620 72rd Place. West Des Moures LA 50266 | | Mossage Delivery Service | 101.15 | |
| 10-19-07 | George Davey 620 72nd Place West Des Moures IA 50266 | | Toll free number Service | 99.95 | |
| co-19-07 | George Davey 620 72nd Place West Des Moines LA 50266 | | bunners | 94.70 | |
| | | | | | |
| | | i . | | | |
| | | | | | |
| | | | SUB-TOTAL | \$ 919.51 | |
| | | | TOTAL (if last page of this schedule) | \$ 919.51 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of / (for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

No Lo cal Op+10M 1 COM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000. CO

Reset Form F LOANS (Rev. 07/03) RECEIVED AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of loan, such as a bank must be shown if a third or

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

RECEIVED (MM/DD/YR)

NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)

RELATIONSHIP TO CANDIDATE AMOUNT OF LOAN DATE PAID (MM/DD/YR) Crearat Davey
620 72na pl
620 72na pl
50266 (Include Endorser's Name, If Applicable) NAME AND ADDRESS OF LENDER TO CANDIDATE* RELATIONSHIP 7,000.00 AMOUNT REPAID

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

TOTAL (PART I)

4

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|---------------|-------|
| (for Schedule | of of |
| dule F) | 1 |

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

From Schedule E - TOTAL LOANS FORGIVEN

TOTAL CASH REPAYMENTS (PART II)

\$ 1,000.00

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